

Please Type or Print All Information. Copy Part B forms, if necessary, for multiple lenders.

By my signature (#5 below), I authorize the lender and/or holder of the promissory note(s) of my student loan(s) designated in Section II to release information about my student loan(s) to the Michigan Department of Community Health for purposes of qualifying the loan(s) for repayment by the state of Michigan under provisions of the Michigan Essential Health Provider Act/State Loan Repayment Program. In this form, the “lender” refers to the original lender, whereas the “holder” is an entity that has subsequently assumed the note- such as in the case of a consolidator of loans. Please note that only graduate/medical school loans for health professional degrees qualify for loan repayment, and that all other undergraduate or ineligible graduate school loans must be excluded from reporting on this form.

- |     |  |     |   |
|-----|--|-----|---|
| 6.  | Name of Loan (Program) _____                 | 9.  | Name of Holder: _____                   |
| 7.  | Lender Name _____                            |     |   |
| 8.  | Lender Address _____                         | 10. | Address of Holder: _____                |
|     | _____  |     | _____                                   |
|     | _____  |     | _____                                   |
|     | _____  |     | _____                                   |
|     | City State Zip Code                          |     | City State ZipCode                      |
| 11. | Account Number or Other Identification _____ | 12. | Academic Period Covered by Loans: _____ |
|     |  |     | _____ / _____ to _____ / _____          |

Please type or print all information.

13. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: To Be Completed By Holder of Notes**

The loan(s) identified above may qualify for repayment by the State of Michigan under provisions of the physician Student Loan Repayment Program. For loans to qualify for repayment, they must have been made to the borrower named in Section I for the purpose of obtaining medical or graduate level education in a health care field. If loan notes are not consolidated, each lender must complete Section III, IV, and V (three copies of these are included for your use, if necessary). In this form, the "lender" refers to the original lender, whereas the "holder" is an entity that has subsequently assumed the note- such as in the case of a consolidator of loans. Please note that only graduate/medical school loans for health professional degrees qualify for loan repayment, and that all other undergraduate or ineligible graduate school loans must be excluded from total balance reported on this form.

14. The following information is as of: \_\_\_\_/\_\_\_\_/\_\_\_\_.
15. Principal Balance Remaining \$\_\_\_\_\_.
16. Do any of the loans entail a service obligation? Yes\_\_\_\_\_ No\_\_\_\_\_
17. The account is \_\_\_\_\_days past due.
18. Number of Payments Remaining: \_\_\_\_\_
19. Monthly Payment Amount \$\_\_\_\_\_
20. Note Date(s) (1) \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) \_\_\_\_/\_\_\_\_/\_\_\_\_ (3) \_\_\_\_/\_\_\_\_/\_\_\_\_
21. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

## PRIMARY CARE PROVIDER STUDENT LOAN REPAYMENT PROGRAM APPLICATION LENDER AND LOAN INFORMATION PART B (continued)

Please Type or Print All Information

### **SECTION IV:**     **To Be Completed by Holder of Notes**

22. \_\_\_\_\_  
Name of Financial Institution
24. \_\_\_\_\_  
Name of Contact Person
23. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City                      State                      Zip Code
25. \_\_\_\_\_
26. Account Number of Loan: \_\_\_\_\_

### **SECTION V:**     **To Be Completed by Holder of Notes**

I certify that the information provided in Section III and IV is true and correct.

\_\_\_\_\_  
Typed or Printed Name of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

**Holder of Notes:**     **Please Mail or fax this completed form directly to:**  
  
**The Borrower**